In brief

Andrew Biraj/Reuters

Shilpi Rani Das, a survivor of the Rana Plaza building collapse in Savar, Bangladesh, in April 2013, fixes a mechanical prosthetic limb to her body in a hospital in Dhaka. BRAC, a social development organisation, has distributed mechanical prosthetic limbs to 12 Rana Plaza victims who lost their upper limbs when the building, which housed several clothing factories, collapsed.

From *The Cochrane Library*

Relief in clusters: reviews of chronic obstructive pulmonary disease and migraine

Two clusters of reviews have emerged this month, beginning with three reviews on chronic obstructive pulmonary disease (COPD). Integrated disease management (IDM) aims to deliver better outcomes for patients by promoting collaboration among different health care providers. And indeed a new review provides convincing evidence that IDM benefits people with COPD. The findings of 26 studies from 11 countries involving almost 3000 patients show that IDM improves disease-specific quality of life and exercise capacity, and reduces the number of hospital admissions and length of hospital stay (doi: 10.1002/14651858.CD009437.pub2).

Another new review of 26 studies in COPD, including almost 15 000 patients, shows that long-acting β2 agonists improve quality of life and reduce exacerbations over the medium and long term, but do not significantly reduce deaths or serious adverse events (doi: 10.1002/14651858.CD010177.pub2).

Completing the COPD trinity is a review of beclomethasone for exacerbation prevention. The three low-quality studies in this review involved 770 patients but give little reason to think that beclomethasone is a safer or more effective treatment compared with placebo or when used in combination with long-acting β2 agonists (doi: 10.1002/14651858.CD009769.pub2).

Our next cluster concerns migraines, beginning with a review of sumatriptan combined with naproxen for acute migraine attacks. The findings of 12 studies with more than 3500 adults show that combination treatment is more effective than for either sumatriptan or naproxen alone, but the additional benefits over sumatriptan alone are not large. Adverse events were more common with the combination and with sumatriptan alone than with placebo or naproxen alone, but rarely led to participant withdrawal from the trial (doi: 10.1002/14651858.CD008541.pub2).

More disappointing news for naproxen comes from a review of six studies of 1200 adults looking at naproxen with or without an antiemetic for acute migraine. Though statistically superior to placebo, the number needed to treat (NNT) of 11 for pain-free response at 2 hours implies that naproxen is not clinically useful, and has a higher NNT than other commonly used analgesics for acute migraine (doi: 10.1002/14651858.CD009455.pub2).

Also under the spotlight are the so-called "third wave" cognitive and behavioural therapies for depression. The evidence so far is very patchy, so completing further comparative studies is a priority.

For more on "third wave" therapies, check out *The Cochrane Library* at www.thecochranelibrary.com.

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News

Low SES associated with childhood ADHD

The aetiology of childhood attention deficit hyperactivity disorder (ADHD) is influenced by socioeconomic status (SES) and is a "complex interplay of genetic and environmental factors, some linked to socioeconomic disadvantage (SED)", says research in the *Journal of Child Psychology and Psychiatry*. A secondary analysis of 19 519 children who participated in the Millennium Cohort Study was used to model the association of ADHD with SED and to assess evidence for several potential hypotheses. ADHD was found to be associated with indicators of SED including poverty, housing tenure, maternal education, income, lone parenthood and younger motherhood. No evidence was found to suggest childhood ADHD was a causal factor for SED. "[Our] findings suggest that mediators linked to SES or genetic confounds may provide the most useful framework to explain why ADHD occurs more often in socioeconomically disadvantaged groups", the authors concluded.

JCPP 2013; 26 November (online). doi: 10.1111/jcpp.12170

Doctor recommendation boosts HPV vaccination uptake

The recommendation of a health care professional remains the single most effective way to increase uptake of the human papillomavirus (HPV) vaccination in US adolescents, says research in *JAMA Pediatrics*. In a systematic review of 55 relevant papers designed to assess barriers to uptake by target populations, the authors found health care professionals cited financial concerns and parental attitudes and concerns as the biggest barriers. Parents most often reported needing more information about effect on sexual behaviour, low perceived risk, social influences and vaccine cost. "Parents consistently cited health care professional recommendations as one of the most important factors in their decision to vaccinate their children", the authors wrote. Efforts to increase physicians' understanding of the importance of vaccinating adolescents and give them guidance on communicating HPV recommendations to patients and parents were needed. "Efforts to increase uptake should take into account the specific needs of subgroups."

JAMA Pediatr 2013; 25 November (online). doi: 10.1001/jamapediatrics.2013.2752

From the MJA archives **MJA 1924; 26 January (edited extract)**

Concerning the Australian Army Medical Corps

Sir: There can be no doubt that the present condition of the Corps is deplorable. To all thoughtful men who did their share in the Great War, it is obvious that if only a small annual sum is to be expended, every penny of it should be laid out in training officers. Such money as our muddle-pated legislators allot in peace time should be utilised to ensure the training of the younger men and those who for various reasons did not serve in the Great War. There is a question which concerns all of us who love our native land. If we decide upon a voluntary conscription, we shall set a noble example to our fellow countrymen. To some of us it is a painful thought that Australia turned conscription down. Let us show our fellow countrymen that we are willing to lead the way in the noblest form of altruism. We doctors always think, though as a rule we are too shy to say so, that our lives are altruistic to a wonderful and admirable degree. It is so, and no one doubts it.

AY Fullerton
North Sydney.

Comments

New *Comments* section in the *MJA*

To help the *MJA* continue to engage with its readers, we will trial a "Comments" section in 2014. Readers are invited to email us a brief comment (no more than 100 words) on any current health-related matter, such as the state of our hospitals, junior doctors, Indigenous health, Medicare funding, rural medicine or *MJA* themes. Note that comments about specific articles published in the *MJA* should be submitted as *Letters to the Editor*. Comments may be edited and will not be sent back to the author for approval. Publication is at the Editor's discretion; you will be notified if your comment is selected. Please include your full name, discipline and state of residence, and disclose any relevant information or affiliations that may affect interpretation of your comments.

Email your comments to: ***comments@mja.com.au***

Deathbed shocks rob patients of peace

The deactivation of cardiovascular implantable electronic devices (CIEDs) should be discussed in conversations and planning for advance directive (AD) and do-not-resuscitate end-of-life orders, says research from Mayo Clinic in the US. In a retrospective review of the medical records of 150 patients who had requested removal of their CIEDs (149 of whom had a terminal illness), it was found that of the 85 patients (57%) who had an AD, only one had mentioned the CIED in the directive. Implantable cardioversion-defibrillators (ICDs) hold particular potential for deathbed distress because, as the invited commentary explains, "The ICD is primed to deliver a shock when sensing a rapid, unstable heart rhythm, and if it fires repeatedly toward the end of life, it can make a peaceful death impossible". The commentary authors point out that this situation "offers a remarkable opportunity to contemplate how we might avert patient harm caused by institutional fragmentation … If patients are well informed at the outset, physicians set the stage for better outcomes at the end of life".

JAMA Intern Med 2013; 25 November (online)
doi: 10.1001/jamainternmed.2013.11564
doi: 10.1001/jamainternmed.2013.11125

Cate Swannell

doi: 10.5694/mja13.n1216